PATENT	APPLICATION	FEE	DETE	RMINATION	RECORD				
Effective October 1, 2000									

Application or Docket Number

Ellective October 1, 2000								20 A	-1	20		
		S FILED - PART I (Column 1)			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		2/					RATE	FEE] [RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			2/ minus 20= * /		1		X\$ 9=		OR	X\$18=	18	
INDEPENDENT CLAIMS			(minus 3 =				X40=		╣	X80=	80	
MULTIPLE DEPENDENT CLAIM PRE			RESENT		7			-		OR		80
* If the difference in column 1 is less than zero, enter "0				r "0" in c	column 2		+135=		OR	+270=		
								TOTAL	L	OR	TOTAL	YOU
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER SMALL I	1		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
Щ	FIRST PRESE	NTATION OF M	JUIPLE DEI	PENDENT	CLAIM			+135=			+270=	
•							L	TOTAL		OR	TOTAL	
ADDIT. FEEOH ADDIT. FEE												
$\overline{\Box}$		(Column 1) CLAIMS		(Colur		(Column 3)	1 =			1 5		
AMENDIMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
GNE	Total	*	Minus	**	·	=		X\$ 9=		OR	X\$18=	
AM	Independent	* NTATION OF MU	Minus	***	CLAINA	<u> </u>		X40=		OR	X80=	
	, wor theor	TATION OF WIC	CHIPCE DEP	CNDCNI	CLAIIVI			+135=		OR	+270=	
						A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		}	X80=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM] -			OR	7.00_	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+270=				
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												